

TRAVEL EXPENSE CLAIM

See Instructions and Privacy

Statement on Reverse Side

STD 262 (REV 10/92)

Page 1 of 1

CLAIMANT'S NAME Michael Picker		SSAN OR EMPLOYEE NUMBER		DEPARTMENT Governor's Office/CPUC Exec	
POSITION Senior Advisor to the Governor for Renewable Energy		CB/D NUMBER		DIVISION OR BUREAU Governor's Office	
RESIDENCE ADDRESS		HEADQUARTERS ADDRESS State Capitol		INDEX NUMBER	
CITY Sacramento		STATE CA		ZIP 95816	
CITY		STATE		ZIP	

MONTH/YEAR		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	TRANSPORTATION					BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY	
DATE	TIME			BREAKFAST	LUNCH	DINNER		COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE				
											MILES	AMOUNT			
25-Apr	5:30 AM	SAC to DC/DC	241.64			18.00		277.40	air			0.00		537.04	
25-Apr		DC						29.00	shuttle			0.00		29.00	
26-Apr	All Day	DC	281.64	4.95	7.41	4.35	6.00	25.00	taxi			0.00		329.35	
27-Apr	All Day	DC	281.64	3.14		18.00	6.00	67.00	taxi			0.00		375.78	
28-Apr	All Day	DC	281.64		5.70	18.00	6.00	31.00	taxi			0.00		342.34	
29-Apr	All Day	DC to NYC/NYC	198.69			9.50	6.00	144.70	air			0.00		358.89	
29-Apr		NYC						137.41	shuttle/taxi			0.00		137.41	
30-Apr	All Day	NYC			10.00		6.00	21.00	taxi			0.00		37.00	
1-May	1:30 AM	NYC to SAC						195.40	air			0.00		195.40	
												0.00		0.00	
												0.00		0.00	
												0.00		0.00	
												0.00		0.00	
												0.00		0.00	
SUBTOTALS			1,285.25	8.09	23.11	67.85	30.00	927.91	0.00	0.00	0	0.00	0.00		
COLUMN CODE (ACCTG. USE ONLY)															
CLAIM TOTAL													2332.71		\$2,342.21

~~\$2,342.21~~

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

meetings with Federal agencies in Washington, DC and meetings with banks and due diligence agencies with interest in large renewables projects in NYC (see attached).

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

MILEAGE RATE CLAIMED

0.5

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE

DATE

5/12/10

SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE

5/18/10

SIGNATURE OF TITLE OF AUTHORITY FOR SPECIAL EXPENSES

DATE